<b>ASL</b>	Case #	
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## **Sample Submission Form University of Idaho Analytical Sciences Laboratory**

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Moscow, ID 83844-2203

Phone (208) 885-7081 Email: asl@uidaho.edu FAX (208) 885-8937 Website: www.uidaho.edu/asl

Name									Checl	k/PO/Bi	udget	#							Amount
Agency/Company		Dept							Phone	9							FAX		
Address		County							Email										
City	State	ZIP			UI Mail	Code	1		Samp	ler Nan	ne (if c	differe	ent froi	m sub	mitter)	)			
	COMMEN	TS/SPECIAL INSTRUCTION	IS							LIST	TES	STS F	REQU	JEST	ED			SAMPL	E DESCRIPTION
					S	ampl	е Тур	oe .									LAB: List any quantity. Reco	abnormalities ord sample to	s in sample(s) or issues with sample emperature (if applicable).
ASL LIMS # (Lab use only)	Sub	mitter Sample ID	Coll. Date	Coll. Time	Plant	Soil	Water	Other									Water Preserv.	Water Filt.	Sample Inspection Checklist
																			Received intact? Y N  Labels and paperwork agree? Y N  Client contacted if necessary? Y N  Client Contact Notes:  Inspected by:  Date:
CHAIN OF CUSTODY:																			

Relinquished By:		
	Printed Name/Signature	Time/Date
Received By:		
	Printed Name/Signature	Time/Date
Relinquished By:		
	Printed Name/Signature	Time/Date
Received By:		
	Printed Name/Signature	Time/Date



## **POLICIES:**

- 1. All submissions must be accompanied by payment, purchase order or UI budget number unless prior arrangements have been made.
- 2. Samples will be discarded 30 days after report date unless prior arrangements have been made.
- 3. Turn-around time varies with the number of samples, complexity of the requested testing, and existing workload in the laboratory. Please contact lab for the turnaround specific to your samples.

Sample Type  ASL LIMS #  Submitter Sample ID  Coll. Coll. to	COMMENTS/SPECIAL INSTRUCTIONS										T TES	STS I	REQ	UES'	TED	SAMPLE DESCRIPTION			
					Sample Type				ı.							LAB: List any abnormalities in sample(s) or issues with sample quantity. Record sample temperature (if applicable).			
		Submitter Sample ID																Additional Remarks	